



State of Maine

BARBERING & COSMETOLOGY LICENSING

Application information to assist
in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

SCHOOL RENEWAL

Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS SCHOOL RENEWAL

THE FOLLOWING IS THE APPLICATION PROCEDURE:

****Fax submissions of applications and supporting documentation will not be accepted.**

Complete the application for license and submit to the Maine Barbering and Cosmetology Licensing along with the required fees.

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. All pages requiring initials must be returned to our office as part of your complete application.

The Barbering & Cosmetology Licensing requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.
- ✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an “active” status. Licenses are printed off site and require at least 14 business days for delivery.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME OF SCHOOL			
FEIN OR SSN			
PHYSICAL ADDRESS OF SCHOOL			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS OF SCHOOL			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE OF SCHOOL OFFICIAL	DATE
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**Barbering and Cosmetology Licensing
RENEWAL OF SCHOOL LICENSE
Required Fee: \$500.00(Non-Refundable)**

License # _____

Office Use Only:

SH/SHB/SCR

1427 - \$500.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			

Card number: *XXXX-XXXX-XXXX-XXXX*

Expiration Date *mm / yyyy*

SIGNATURE	DATE
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SECTION 1: OWNERSHIP

- ☐ Pursuant to Program Rules, Chapter 6 (21) A change in ownership requires a new application. If there has been a change in ownership you cannot renew the existing license, you must submit a new school application.

SECTION 2: MANAGER / DIRECTOR CONTACT INFORMATION

Name of Manager / Director		Title
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Telephone Number	Email Address	
()		

SECTION 3: GENERAL CONTACT INFORMATION FOR SCHOOL

Primary Phone #	Fax #	Email Address
()	()	
Website Address		

SECTION 4: COURSE OFFERING

Courses offered to students (check all that apply) Specific information must include the curriculum for each course taught at your institution, in addition to clock hours and curriculum for any other courses that you may offer.	
<input type="checkbox"/> Aesthetics – 600 clock hours	<input type="checkbox"/> Cosmetology - 1500 clock hours
<input type="checkbox"/> Barbering – 1500 clock hours	<input type="checkbox"/> Nail Technology – 200 clock hours
<input type="checkbox"/> Limited Barbering – 800 clock hours	<input type="checkbox"/> Instructors - 1000 clock hours

SECTION 5: SCHOOL HOURS

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

INITIALS OF APPLICANT

SECTION 7: INSTRUCTIONAL STAFF

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

INITIALS OF APPLICANT

SECTION 7 (CONTINUED): INSTRUCTIONAL STAFF

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background experience		
License Number	Expiration	Date of Employment

_____ INITIALS OF APPLICANT

SECTION 7: FACILITY INSPECTIONS

- ☐ Documented evidence that the school meets applicable Maine and local fire safety standards. Documentation should include copies of current permits and certificates indicating compliance.

SECTION 8: BOND / FINANCIAL / INSURANCE INFORMATION

A. Bond

- ☐ Evidence shall be submitted to indicate that the school has a valid surety bond as required by law.

B. Financial Information

- ☐ A financial statement that meets the requirement for financial information and insurance as listed in 32 MRS §14246(2).

C. Liability Insurance

- ☐ A copy of the school's current insurance policy which meets the requirements set in rule.
- ☐ Professional liability insurance
- ☐ Public liability insurance

SECTION 9: SPECIFIC INFORMATION

A. School Catalog/Brochure

- ☐ Submit a copy of the current school catalog/brochure.

SECTION 10: THE FOLLOWING SECTION TO BE COMPLETED BY THE SCHOOL OWNER

<p>Since your last renewal have you or has any corporate officers, owners, or the designated officer of this entity been convicted of any criminal offense (including motor vehicle criminal offenses)? If yes:</p> <ol style="list-style-type: none">1. Provide a <u>detailed explanation</u> in the offender's own words on a separate sheet of paper.2. Attach a copy of the <u>Court Judgment and Decision</u>.3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Since your last renewal has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER denied your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? If yes:</p> <ol style="list-style-type: none">1. List the jurisdiction(s): State/Jurisdiction _____ Date _____ State/Jurisdiction _____ Date _____2. Submit a copy of the consent agreement or decision and order for each of the above.3. Provide a detailed explanation in your own words on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No

INITIALS OF APPLICANT

SECTION 14: NOTICES

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 15: LAWS AND RULES

Access to all relevant laws and rules are accessible from this web page.

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

Title 10 Department of Business Regulation Law §§8001-8009

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the website (s) listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

SECTION 16: ENDORSEMENT FOR NEW SCHOOL APPLICATION

Read the statement below and sign where indicated as your certification of the information provided on this application

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature	Date